

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/820,869

FILING DATE

APPLICANT(S)

4-9-04

**CLAIMS**

	ORIGINAL		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/	/		
2	/	/	/	/		
3	/	/	/	/		
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40	/	/	/	/		
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47						
48						
49						
50						
TOTAL IND.	3		3			
TOTAL DEP.	35		35			
TOTAL CLAIMS	38		38			

	ORIGINAL		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS